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Customer Number

Patent
Case No.: 58283US004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: KOBAYASHI, MITSUAKI

Application No.: 10/533007 Confirmation No.: 1713

Filed: November 11, 2003

Title: ALIPHATIC POLYESTER RESIN COMPOSITION

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111 (NON-FINAL OFFICE ACTION)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage a first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.

transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

Date:

Signed by: Victoria K. Hansen

May 1, 2008

Victoria K. Hansen

Dear Sir:

This is in response to the outstanding Office Action, dated February 22, 2008, in the above-identified application.

Fees

Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.

Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)

Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.

Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	9	Minus	20	0	x \$50.00	\$0.00
Independent Claims	1	Minus	3	0	x \$210.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid				\$370.00		
Total Additional Fee For This Amendment						\$0.00